

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
 For filings required in 2007, covering calendar year ending December 31, 2006.  
 Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

20990

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1 NAME	TITLE: FIRST; MI Senator Royce B. NICKNAME: LAST; SUFFIX West			
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 320 South R. L. Thornton Freeway, Suite 300 Dallas, Texas 75203			
3 TELEPHONE NUMBER	AREA CODE	PHONE NUMBER: EXTENSION  [REDACTED]		
4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER Texas State Senate, District 23 (INDICATE OFFICE) <input checked="" type="checkbox"/> APPOINTED OFFICER Member, Texas Emancipation Juneteenth Historical Commission (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)			

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**

NOTAPPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 INFORMATION RELATES TO</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>2 EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
<input type="checkbox"/> EMPLOYED BY ANOTHER  <input checked="" type="checkbox"/> SELF-EMPLOYED		West & Gooden P.C. 320 S. R.L. Thornton Freeway Suite 300 Dallas, TX 75203		
		NATURE OF OCCUPATION		
		Senior Partner, Attorney		
<b>INFORMATION RELATES TO</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER  <input type="checkbox"/> SELF-EMPLOYED		State of Texas Senate State Capitol 1400 N. Congress Avenue, Room 1E.15 Austin, TX 78701		
		NATURE OF OCCUPATION		
		State Senator		
<b>INFORMATION RELATES TO</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER  <input type="checkbox"/> SELF-EMPLOYED		Reach Media, Inc. 11760 Noel Rd. Suite 750 Dallas, TX		
		NATURE OF OCCUPATION		
		Attorney/Officer		

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**

NOTAPPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 INFORMATION RELATES TO</b>		<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD  West & Associates LLP 320 S. R.L. Thornton Freeway Suite 300 Dallas, TX 75203
<input type="checkbox"/> EMPLOYED BY ANOTHER		NATURE OF OCCUPATION  Legal
<input checked="" type="checkbox"/> SELF-EMPLOYED		
<b>INFORMATION RELATES TO</b>		<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD  Office of Governor 1100 San Jacinto Austin, TX 78701-00301
<input checked="" type="checkbox"/> EMPLOYED BY ANOTHER		
<input type="checkbox"/> SELF-EMPLOYED		NATURE OF OCCUPATION  State Employee
<input checked="" type="checkbox"/> SELF-EMPLOYED		
<b>INFORMATION RELATES TO</b>		<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b>		NAME AND ADDRESS OF EMPLOYER / POSITION HELD
<input type="checkbox"/> EMPLOYED BY ANOTHER		
<input type="checkbox"/> SELF-EMPLOYED		NATURE OF OCCUPATION
		COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**RETAINERS****PART 1B**

NOTAPPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 FEE RECEIVED FROM</b>	NAME AND ADDRESS  Reach Media, Inc. 11760 Noel Rd. Suite 750 Dallas, TX	
<b>2 FEE RECEIVED BY</b>	NAME OF BUSINESS  <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____	
	<b>3 FEE AMOUNT</b>	  <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
	<b>FEE RECEIVED FROM</b>	NAME AND ADDRESS  Wai Wize 10440 Markison Dallas, TX 75238
<b>FEE RECEIVED BY</b>	NAME OF BUSINESS  <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____	
	<b>FEE AMOUNT</b>	  <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**

NOTAPPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ENTITY</b>		NAME			
		Reach Media, Inc			
<b>2 STOCK HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>3 NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		Radio One			
<b>STOCK HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		Halliburton Company			
<b>STOCK HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		Time Warner Inc			
<b>STOCK HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		TXU Corp.			
<b>STOCK HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3** NOTAPPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> DESCRIPTION OF INSTRUMENT	Merrill Lynch Futures Investments		
<b>2</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS		
DESCRIPTION OF INSTRUMENT	Schwab Money Markey Fund		
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS		
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**MUTUAL FUNDS****PART 4**

NOTAPPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 MUTUAL FUND</b>		NAME Pioneer Mid Cap Value (Class B)			
<b>2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME Pioneer Mid Cap Value (Class A)			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME American Funds: Investment Company A			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input checked="" type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**MUTUAL FUNDS****PART 4**

NOTAPPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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<b>1 MUTUAL FUND</b>		NAME			
		Van Kampen Mid Cap Growth Fund A			
<b>2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME			
		Van Kampen Mid Cap Growth Fund B			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME			
		Davis NY Venture Fund B			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**MUTUAL FUNDS****PART 4**

NOTAPPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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<b>1 MUTUAL FUND</b>		NAME			
		Davis NY Venture Fund A			
<b>2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
<b>MUTUAL FUND</b>		NAME			
		MFS Total Return Fund Class B			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
<b>MUTUAL FUND</b>		NAME			
		MFS Total Return Fund Class A			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**MUTUAL FUNDS****PART 4**

NOTAPPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME Oppenheimer Value Class A			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME Oppenheimer Value Class B			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME Alliance Bernstein Small			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input checked="" type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**MUTUAL FUNDS****PART 4**

NOTAPPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME BlackRock Mid Cap			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE			

MUTUAL FUND	NAME Franklin Sm-Mid Cap Gr			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE			

MUTUAL FUND	NAME Nuveen Large Cap Value			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE			

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**MUTUAL FUNDS****PART 4**

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 MUTUAL FUND</b>		NAME			
		Putnam Vista Fund			
<b>2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>3 NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>MUTUAL FUND</b>		NAME			
<b>SHARES OF MUTUAL FUND HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES OF MUTUAL FUND</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**

NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 SOURCE OF INCOME</b>		NAME AND ADDRESS		
		Reach Media 11760 Noel Rd Dallas, TX  Dividends		
<b>2 RECEIVED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>3 AMOUNT</b>		<input type="checkbox"/> \$500--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>SOURCE OF INCOME</b>		NAME AND ADDRESS		
		Merrill Lynch 2100 Ross Avenue Dallas, TX  Dividends		
<b>RECEIVED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>AMOUNT</b>		<input type="checkbox"/> \$500--\$4,999	<input checked="" type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>SOURCE OF INCOME</b>		NAME AND ADDRESS		
		The Investment Company of America - A American Funds P.O. Box 659521 San Antonio, TX 78265-9521 Dividends		
<b>RECEIVED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>AMOUNT</b>		<input checked="" type="checkbox"/> \$500--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>				

**STOCK****PART 2**

NOTAPPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ENTITY</b>		NAME			
		Pegasus Bank			
<b>2 STOCK HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>3 NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		CT Holdings, Inc.			
<b>STOCK HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
		CDSS Wind Down Inc.			
<b>STOCK HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
<b>STOCK HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		
<b>BUSINESS ENTITY</b>		NAME			
<b>STOCK HELD OR ACQUIRED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>NUMBER OF SHARES</b>		<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>		<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000-\$24,999
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000-OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

## **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**

## PART 5

NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS—INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 SOURCE OF INCOME</b>		NAME AND ADDRESS			
		Dallas National Bank P.O. Box 223809 Dallas, TX 75222			
		Interest Income			
<b>2 RECEIVED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 AMOUNT</b>		<input checked="" type="checkbox"/> \$500--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>SOURCE OF INCOME</b>		NAME AND ADDRESS			
		Gloria Ashford 7318 Oakmore Dallas, TX 75249			
		Rental Income			
<b>RECEIVED BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>AMOUNT</b>		<input type="checkbox"/> \$500--\$4,999	<input checked="" type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
<b>SOURCE OF INCOME</b>		NAME AND ADDRESS			
<b>RECEIVED BY</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>AMOUNT</b>		<input type="checkbox"/> \$500--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**

NOTAPPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Dallas National Bank (Note)		
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR			
4 AMOUNT	<input type="checkbox"/> \$1,000--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input checked="" type="checkbox"/> \$25,000--OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo (Vehicle Lease)		
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR			
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input checked="" type="checkbox"/> \$25,000--OR MORE		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR			
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> \$25,000--OR MORE		

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN REAL PROPERTY****PART 7A** NOTAPPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 320 S. R.L. Thornton formerly 511 Eads
<b>3</b> DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1-Dallas County
<b>4</b> NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1537 Pleasant Run DeSoto, TX
DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 5-Dallas County
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INTERESTS IN REAL PROPERTY****PART 7A**

NOTAPPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1-Dallas County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2204 Boll Street, Dallas TX
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1-Dallas County
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN REAL PROPERTY****PART 7A** NOTAPPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 7318 Oakmore Dallas, TX
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1-Dallas County
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INTERESTS IN BUSINESS ENTITIES****PART 7B**

NOTAPPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION West & Gooden, P.C. 320 S. R.L. Thornton Suite 300 Dallas, TX 75203	
<b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION Reach Media, Inc. 13760 Noel Dallas, TX 75240	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION Skyview Development LLC 320 S. R.L. Thornton Dallas, TX 75203	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN BUSINESS ENTITIES****PART 7B**

NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION Radio One 5900 Princess Garden Parkway 7th Floor Lanham, Maryland <small>NAME AND ADDRESS</small>	
<b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS	
 <b>HELD OR ACQUIRED BY</b> <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>DESCRIPTION</b> West & Associates LLP 320 S. R.L. Thornton Freeway Suite 300 Dallas, TX 75203 <small>NAME AND ADDRESS</small>	
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS	
 <b>HELD OR ACQUIRED BY</b> <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>DESCRIPTION</b> Royce West & Associates P.C. 320 S. R.L. Thornton Freeway Suite 300 Dallas, TX 75203 <small>NAME AND ADDRESS</small>	
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8** NOTAPPLICABLE

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 DONOR</b>		NAME AND ADDRESS		
<b>2 RECIPIENT</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>3 DESCRIPTION OF GIFT</b>				
 <b>DONOR</b>		NAME AND ADDRESS		
 <b>RECIPIENT</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
 <b>DESCRIPTION OF GIFT</b>				
 <b>DONOR</b>		NAME AND ADDRESS		
 <b>RECIPIENT</b>		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
 <b>DESCRIPTION OF GIFT</b>				
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>				

**TRUST INCOME****PART 9**

NOTAPPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE	NAME OF TRUST			
<b>2</b> BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE			
<b>4</b> ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN				
SOURCE	NAME OF TRUST			
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE			
INCOME				
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN				
SOURCE	NAME OF TRUST			
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE			
INCOME				
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN				

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**

NOTAPPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 NAME OF TRUST			
2 TRUSTEE	NAME AND ADDRESS		
3 BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4 FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		
5 DATE CREATED			
NAME OF TRUST			
TRUSTEE	NAME AND ADDRESS		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		
DATE CREATED			
NAME OF TRUST			
TRUSTEE	NAME AND ADDRESS		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE		
DATE CREATED			

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUSTEE STATEMENT****PART 10B**

NOTAPPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME

4 TRUSTEE STATEMENT I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.

\_\_\_\_\_  
Trustee Signature

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**ASSETS OF BUSINESS ASSOCIATIONS****PART 11A**

NOTAPPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

		NAME AND ADDRESS		
1 BUSINESS ASSOCIATION	Skyview Development LLC 320 S. R.L. Thornton Freeway Dallas, TX 75203			
2 BUSINESS TYPE	Real Estate Development: Limited Liability Company			
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
4 ASSETS	DESCRIPTION	CATEGORY		
	Building	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**ASSETS OF BUSINESS ASSOCIATIONS****PART 11A**

NOTAPPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

		NAME AND ADDRESS		
<b>1</b> BUSINESS ASSOCIATION	West & Associates LLP 320 S. R.L. Thornton Freeway Dallas, TX 75203			
<b>2</b> BUSINESS TYPE	Limited Liability Partnership			
<b>3</b> HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>4</b> ASSETS	DESCRIPTION		CATEGORY	
	Property/Equipment		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	Office Furniture		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
	Computer Equipment		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input checked="" type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	
		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**ASSETS OF BUSINESS ASSOCIATIONS****PART 11A**

NOTAPPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>		NAME AND ADDRESS		
		West & Gooden P.C. 320 S. R.L. Thornton Freeway, Suite 300 Dallas, TX 75203		
<b>2 BUSINESS TYPE</b>		Professional Corporation		
<b>3 HELD, ACQUIRED, OR SOLD BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>4 ASSETS</b>		DESCRIPTION	CATEGORY	
		Property/Equipment	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input checked="" type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
		Office Furniture	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input checked="" type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
			<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**ASSETS OF BUSINESS ASSOCIATIONS****PART 11A**

NOTAPPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> BUSINESS ASSOCIATION	NAME AND ADDRESS  Royce West & Associates P.C. 320 S. R.L. Thornton Freeway, Suite 300 Dallas, TX 75203		
<b>2</b> BUSINESS TYPE	Professional Corporation		
<b>3</b> HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b> ASSETS	DESCRIPTION	CATEGORY	
		<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999
	<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**

NOTAPPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

		NAME AND ADDRESS		
<b>1</b>	BUSINESS ASSOCIATION			
	Skyview Development LLC 320 S. R.L. Thornton Freeway, Dallas, TX 75203			
<b>2</b>	BUSINESS TYPE			
	Limited Liability Company			
<b>3</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____			
<b>4</b>	DESCRIPTION	CATEGORY		
	Debt	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input checked="" type="checkbox"/> \$25,000-OR MORE	
	Tenant Deposits	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input checked="" type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	
		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000-\$9,999	
		<input type="checkbox"/> \$10,000-\$24,999	<input type="checkbox"/> \$25,000-OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**

NOTAPPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

		NAME AND ADDRESS		
<b>1</b>	West & Associates LLP 320 S. R.L. Thornton Freeway, Suite 300, Dallas, TX 75203			
<b>2</b>	Limited Liability Partnership			
<b>3</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
<b>4</b>	LIABILITIES	DESCRIPTION Client Trust Acct.	CATEGORY	
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**

NOTAPPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>		NAME AND ADDRESS		
		West & Gooden P.C. 320 S. R.L. Thornton Freeway, Dallas, TX 75203		
<b>2 BUSINESS TYPE</b>		Professional Corporation		
<b>3 HELD, ACQUIRED, OR SOLD BY</b>		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>4 LIABILITIES</b>		DESCRIPTION	CATEGORY	
		Client Trust Acct.	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input checked="" type="checkbox"/> \$10,000--\$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
			<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999
			<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BOARDS AND EXECUTIVE POSITIONS****PART 12**

NOTAPPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	West & Gooden, P.C.		
<sup>2</sup> POSITION HELD	President		
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Tom Joyner Foundation, Inc.		
POSITION HELD	Secretary		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Skyview Development LLC		
POSITION HELD	President		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Reach Media, Inc.		
POSITION HELD	Secretary		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	West & Associates LLP		
POSITION HELD	Managing Partner		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BOARDS AND EXECUTIVE POSITIONS****PART 12**

NOTAPPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	Royce West & Associates, P.C.		
<sup>2</sup> POSITION HELD	President		
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13** NOTAPPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
2 AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14** NOTAPPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

<b>1 BUSINESS ENTITY</b>	NAME AND ADDRESS		
<b>2 INTEREST HELD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>BUSINESS ENTITY</b>	NAME AND ADDRESS		
<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>BUSINESS ENTITY</b>	NAME AND ADDRESS		
<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>BUSINESS ENTITY</b>	NAME AND ADDRESS		
<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
<b>BUSINESS ENTITY</b>	NAME AND ADDRESS		
<b>INTEREST HELD BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**FEES RECEIVED FOR SERVICES RENDERED  
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 15** NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16** NOTAPPLICABLE

*This section applies only to members of the Texas Legislature.* A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS-INSTRUCTION GUIDE.

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

<b>1</b> STATE AGENCY	
<b>2</b> PERSON REPRESENTED	
<b>3</b> FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BENEFITS DERIVED FROM FUNCTIONS HONORING  
PUBLIC SERVANT****PART 17** NOT APPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 SOURCE OF BENEFIT	NAME AND ADDRESS
2 BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LEGISLATIVE CONTINUANCES****PART 18** NOT APPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

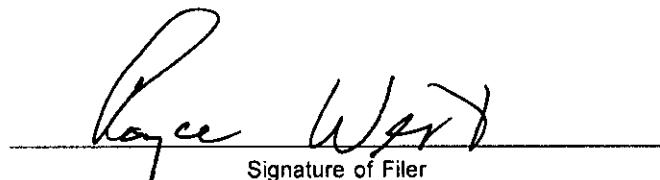
1 NAME OF PARTY REPRESENTED		
2 DATE RETAINED		
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION		
4 DATE OF CONTINUANCE APPLICATION		
5 WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF PARTY REPRESENTED		
DATE RETAINED		
STYLE, CAUSE NUMBER, COURT, & JURISDICTION		
DATE OF CONTINUANCE APPLICATION		
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

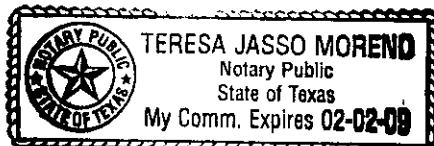
## PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

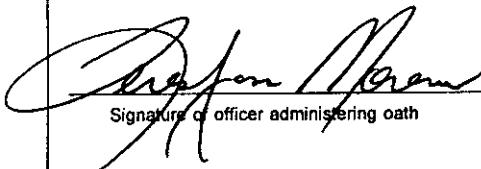
I swear, or affirm, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

  
\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Royce West, this the 28th day of June 2007, to certify which, witness my hand and seal of office.

  
\_\_\_\_\_  
Signature of officer administering oath

Teresa Jasso Moreno

Print name of officer administering oath

Notary Public

Title of officer administering oath